



Newsletter 10: December 2024

Welcome to the latest edition of our newsletter. It's been a busy period since our last newsletter and we are delighted to have this opportunity to share news and updates on some of the areas of work being progressed as part of the National Healthy Childhood Programme.



In this newsletter we have added some new elements, such as 'A day in the life', tips to share with parents, as well as an events section. We hope you enjoy reading this edition and welcome any feedback or suggestions.

I want to thank all our HSE colleagues for your dedication and all your work in helping to deliver the clinical programmes and striving to improve supports and health for children and families.

Merry Christmas,

Dr Abigail Collins

National Clinical Lead for the HSE's Child Health Public Health Programme

Page 2

- ◆ Core components of the National Healthy Childhood Programme
- ◆ Child Health Public Health in action

Page 3

- ◆ New vision framework sets out holistic approach for addressing needs of children and young people

Pages 4 to 6

- ◆ Infant feeding and lactation news: Breastfeeding action plan progress report, number of mothers breastfeeding rises, breastfeeding regional profiles and new education programme

Pages 7 to 8

- ◆ Newborn screening news: Two new conditions to be added to bloodspot screening and 10 year cystic fibrosis review

Page 8

- ◆ National Community Families programme launched

Page 9

- ◆ New legislation restricting sale of tobacco to under 21s

Pages 10 and 11

- ◆ In focus: Healthy Weight for Children

Pages 12 to 14

- ◆ Tips to share with parents: babies and oral health, safe skin-to-skin contact and dealing with common breastfeeding challenges

Pages 15 to 17

- ◆ A day in the life

Pages 18 to 22

- ◆ Events and meetings

Page 23

- ◆ Festive tips for parents and other family members
- ◆ Contact information

Child Health Public Health publishes annual report

Increased investment in public health in recent years allowed for the creation of the HSE's National Child Health Public Health function and the team has published its first annual report. This visual and concise report outlines:

- work in 2023 on core work streams:
 - ⇒ the universal National Healthy Childhood Programme
 - ⇒ integrated health
 - ⇒ Government and stakeholder engagement
 - ⇒ children's health and wellbeing programmes
- key achievements for 2023
- how the function integrates with health service colleagues and other stakeholders
- practitioner training and resources
- resources for parents such as mychild.ie
- team information



The 2023 annual report is available [here](#). See graphics from the report on the next page

Together with colleagues across the health service, Child Health Public Health plays a key role in supporting children and their parents and in ensuring the voice of children is heard. This is done by providing strong support and input into Government strategy development, implementation and evaluation and through focusing on HSE actions and advocacy that can lead to improvements in the overall health of children and young people, particularly aimed at reducing inequities.



mychild.ie

Extracts from the Child Health Public Health 2023 [annual report](#).

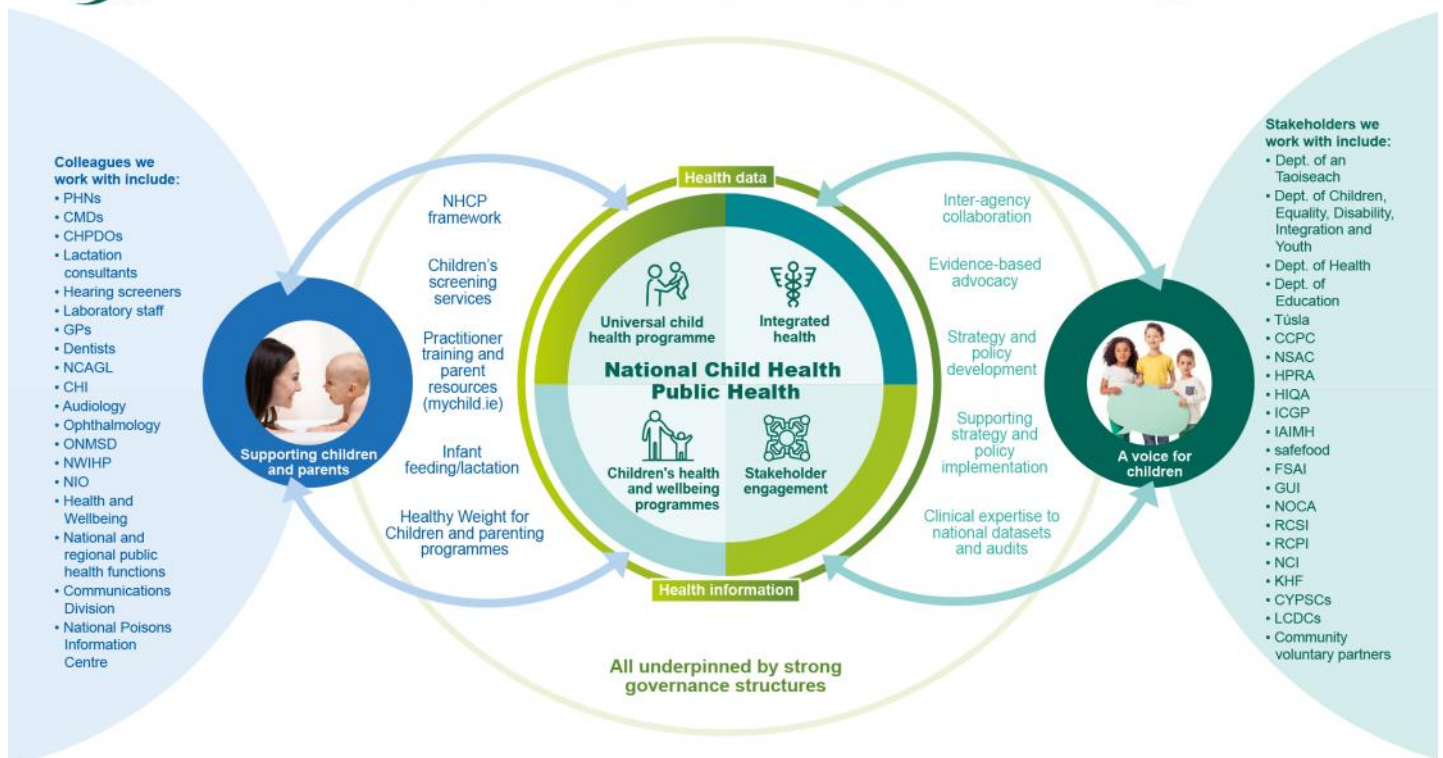
Right: A graphic outlines the core components of the National Healthy Childhood Programme, a core work stream of Child Health Public Health.

Below: The centre of the diagram outlines the four work streams of Child Health Public Health, supported by health data, health information and underpinned by strong governance structures



Child Health Public Health in action

mychild.ie





New vision framework sets out holistic approach for addressing needs of children and young people

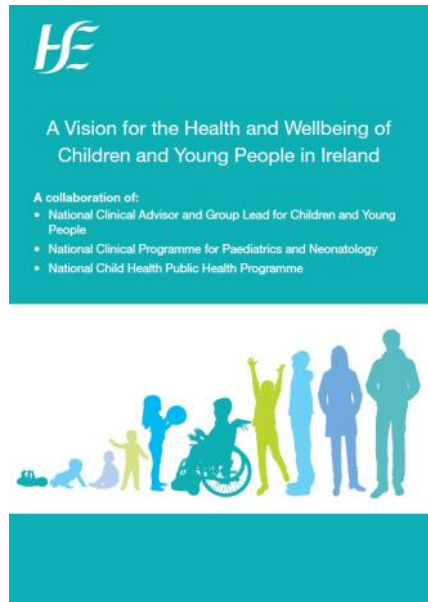
On World Children’s Day (November 20th), ‘A Vision for the Health and Wellbeing of Children and Young People in Ireland’ was published.

This framework document describes a holistic approach for the health and wellbeing needs of children and young people from a population needs perspective underpinned by the vision that ‘All children and young people in Ireland will be enabled to live their best, healthiest life.’

The framework was developed by the HSE’s National Clinical Advisor and Group Lead, Children and Young People, National Clinical Programme for Paediatrics and Neonatology and the National Child Health Public Health Programme and describes how these functions work together.

It can also be used as tool to inform integrated and strategic health planning for children and young people of all ages.

The document is available [here](#).



Timely and relevant advice for parents from mychild.ie

Back to School
Episode #65 - Talking Health & Wellbeing

This episode covers:

- Back-to-school preparation
- Managing anxiety
- Health essentials
- Sleep and screen time
- Nutrition
- Physical activity
- Communication with school

Dr. Abigail Collins

Supporting parents with the right advice and at the right time is core to mychild.ie, our resources for parents of children aged 0 to 5. Alongside the website, which has over 500 information guides, we have a strong presence on social media where we can highlight important topics and offer relevant advice as part of our wider collaboration with the Campaigns and Digital teams.

We also work with the Press Office to proactively reach parents through seasonal media activity. In August, we issued our first [‘back to school’ release](#) to bring together advice on getting back into a routine, easing anxieties and worries, hand hygiene, symptoms to watch out for and vaccines available, which led to coverage in national, regional and parenting media outlets, as well as an interview on RTÉ Radio 1’s Drivetime.

Dr Abigail Collins, National Clinical Lead, Child Health Public Health, was the guest on the HSE Talking Health and Wellbeing [podcast’s back to school special](#), which has been one of its most listened to episodes this year. We also collaborated with colleagues in the Department of Education to issue a related memo to parents, followed up by a winter advice one later in the term.

At Halloween, we issued a [press release](#) with tips for a ‘fang-tastic Halloween’ covering safety to highlight advice on vitamin D supplements, choking risks, costume safety and other tips, which was covered by parenting websites and another interview with Dr Collins on RTÉ Radio 1’s Drivetime, along with a first person piece by her in the Irish Daily Mail. Most recently, we issued our annual Christmas press release, filled with seasonal puns (including ‘elf and safety’ tips) and other advice for parents to help them through what can be a stressful festive period. You can listen to an interview on [Drivetime here \(1:20\)](#). See some of the tips on page 23.

RSV immunisation made available for newborn babies

Respiratory syncytial virus (RSV) is a common virus that causes respiratory infection in children and adults. The risk of severe infection is highest in the youngest infants, especially those born during the RSV season in winter.

Babies born between September 2024 and February 2025 are being offered free RSV immunisation for the first time. This immunisation is called nirsevimab. It is the best way to protect newborn babies from RSV. [Find more information here](#).





Improvements highlighted in progress report

The [Breastfeeding Action Plan Progress Report](#) was launched on September 25th ahead of National Breastfeeding Week (October 1st to 7th).

Improvements in lactation supports that are making a difference:

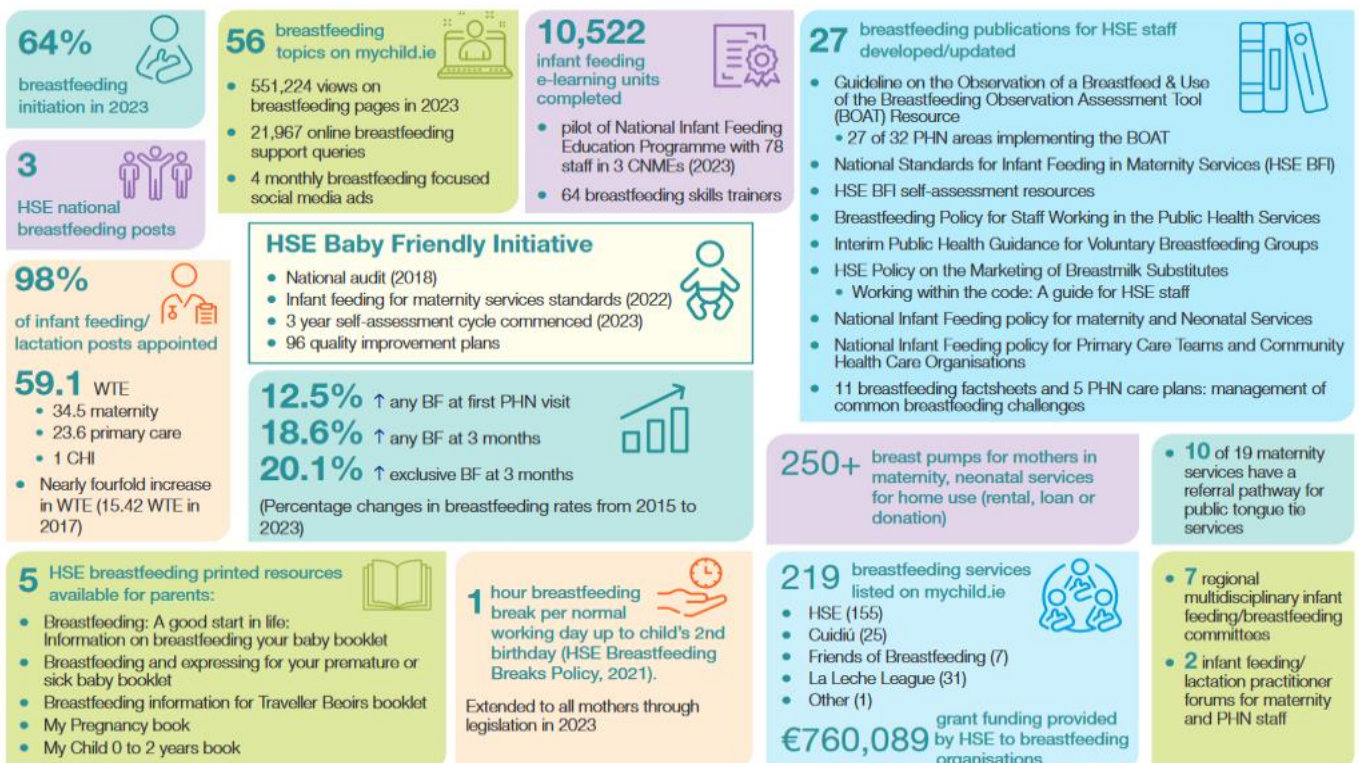
- Nearly a fourfold increase in dedicated lactation posts employed in the HSE since 2017
- Increasing number of HSE led breastfeeding support groups (in-person/virtual), including HSE Live chat and email response service
- Availability of 1:1 consults for lactation support – antenatal and post-natal
- Integrated multidisciplinary infant feeding committees at regional level
- Increased lactation support within NICU and CHI services
- Expanded provision of breast pumps for eligible mothers
- Antenatal colostrum harvesting practices in all maternity services
- Safe skin-to-skin care contact implementation in theatre/recovery after vaginal and Caesarean birth
- Standardised education and training developed for healthcare providers
- Infant feeding practitioner forums for infant feeding/lactation staff



- Infant feeding support within post-natal hubs
- Antenatal carrier testing for classical galactosaemia (CGAL)
- Improvements in access to tongue tie assessment and treatment

Pictured at the launch of the Breastfeeding Action Plan Progress Report at Thomas Court Primary Care Centre, Dublin 8: Meena Purushothaman, HSE National Assistant Breastfeeding Coordinator, Laura McHugh, HSE National Breastfeeding Coordinator, and Fiona Ward, Policy Advisor, Nutrition and Obesity, at the Department of Health. More photos from the event are on page 18.

Key achievements from 2016 to 2023





Number of mothers breastfeeding rises

National Breastfeeding Week takes place each year from October 1st to 7th. A HSE-led initiative, the 2024 theme was 'Supporting you from Bump to Baby and Beyond'. It aimed to highlight increased supports for breastfeeding mothers in hospitals and in the community, and online at mychild.ie including the 'Ask our breastfeeding expert' support service.

The week was marked a number of events around the country including in primary care centres, maternity units and hospitals and local breastfeeding groups, county councils, universities and other locations. Stories of mothers supported by HSE staff featured in national and regional media.

The [Breastfeeding Action Plan Progress Report](#) for 2016 to 2023 was published to coincide with National Breastfeeding Week at the start of October. The launch took place on 25 September at Thomas Court Primary Care Centre, Dublin 8.

Key numbers from the report included:

- 64% of new mothers now initiate breastfeeding after birth
- 18.6% increase in the percentage of babies breastfed at 3 months
- 215 support groups now available for parents
- 22,000 breastfeeding questions answered on mychild.ie by HSE experts

Other highlights included:

- almost a fourfold increase in the number of dedicated infant feeding specialists available to support mothers (from 15 to 59 since 2017)
- new National Infant Feeding Education programme underway for HSE staff
- an 18.6% increase in the percentage* of babies breastfed at the 3 months developmental check-up since 2015
- almost 22,000 queries answered via the HSE online breastfeeding support service since 2016.

Laura McHugh, HSE National Breastfeeding Coordinator, said: "It's great to see all that's been achieved over the last few years. Despite challenges, we have seen increased supports for breastfeeding mothers in hospitals and the community as well as the upward trend of breastfeeding rates. It is encouraging progress but we know there is a lot more work to be done to ensure every family is supported to have the best possible infant feeding journey, every step of the way.

"In response to parents' feedback and new evidence, we have recently developed a new National Infant Feeding Education Programme for midwives and public health nurses around the country. This new resource will help ensure parents receive consistent, up to date, evidence-based advice and information from the HSE health experts supporting them."



"I am very grateful for the expert help and advice"

Kelsie O'Mahony and her daughter Halle (14 months) living in Schull, west Cork, are pictured with Sheila Lucey, HSE Infant Feeding Specialist, ahead of National Breastfeeding Week 2024. Sheila is a PHN and an Advanced Nurse Practitioner. She runs a breastfeeding group in Bantry.

Kelsie shared her experience of overcoming persistent blocked ducts and mastitis: "I am very grateful for the expert help and advice from my local public health nurse, Sheila, in getting through the persistent issues I had with blocked ducts on my right breast in particular with breastfeeding Halle.

"I wouldn't have been able to breastfeed for 8 weeks, let alone exclusively breastfeeding Halle for 8 months, without the constant support from the breastfeeding group and help from Sheila."

Sheila said: "Our support groups are safe spaces for mothers at all stages, whether someone is pregnant and thinking about breastfeeding, new to breastfeeding and have questions, or are having problems with breastfeeding. We are here to provide non-judgemental advice and support at each and every one of the 215 breastfeeding groups around the country.

"Take the opportunity to ask those questions or alleviate any concerns you may have."



Regional breastfeeding profiles available

In conjunction with the publication of the breastfeeding action plan progress report (see page 4 and 5), six regional profiles of breastfeeding rates from 2015 to 2023 are available. Breastfeeding rates information is presented at four time points — immediately after birth to three months.

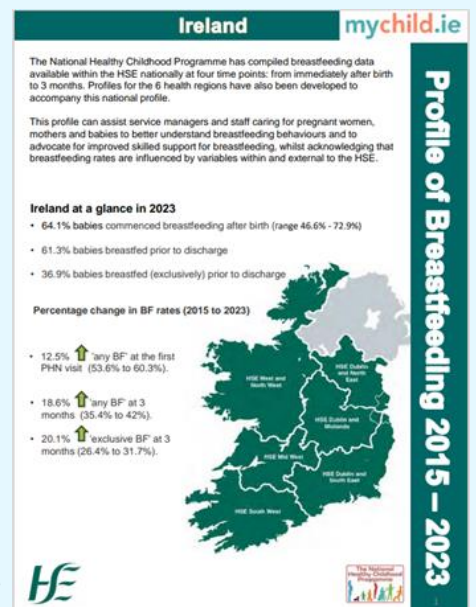
Overall breastfeeding rates increased in every county on discharge from hospital from 2015 to 2022 (58% to 62.4%). Exclusive rates dropped from 47.4% to 44.7% during this time.

Rates of 'any breastfeeding' at the first PHN visit have increased (53.6% in 2015 v 60.3% in 2023). 27 of the 32 PHN areas recorded a positive percentage change in rates.

Rates of 'any' breastfeeding have also increased at 3 months (35.4% in 2015 v 42% in 2023). 28 of the 32 PHN areas recorded a positive percentage change. The most significant increases were noted in 'exclusive' breastfeeding rates at 3 months (from 26.4% in 2015 v 31.7% in 2023). 28 of 32 PHN areas reported increases in rates during this time.

16 PHN areas report increases in rates in 2023 from 2022. Of the 16 PHN areas, 12 areas have recruited new infant feeding/lactation posts in the last 2 years.

Contact healthy.childhood@hse.ie to request a copy of the breastfeeding profile for your region.



New national infant feeding education programme

A standardised National Infant Feeding Education Programme (NIFEP) is now available.

The NIFEP is aimed at all healthcare providers caring for mothers and babies.

This updated programme replaces previous 20 hour and refresher breastfeeding courses.

The NIFEP has four phases and contains a blend of:

- online learning: 4 e-learning units (3 x breastfeeding and 1 x formula feeding), watching videos on

core practices and self-reflection

- Classroom-based skills training: safeskin-to-skin contact, positioning and attachment, and hand expression
- Clinical practice learning and rating of confidence to support breastfeeding and formula feeding.

There are over 60 midwives and public health nurses available to deliver the breastfeeding skills component of the NIFEP with the support of regional CNMEs.

Staff can enrol onto a NIFEP in their area on [hseland](https://hseland.onmsd.ie) via the ONMSD national catalogue (ONMSD-NAT-52).

New contract signed to support newborn hearing screening programme

After a competitive tender process, the HSE recently signed a contract with NEC Care to continue the provision of the National Universal Newborn Hearing Screening Programme for another four years.

Almost 700,000 newborns have been screened since 2011 when the screening programme commenced.

Late identification of hearing loss can affect language and communication skills, creating longer term risks for social and educational achievement.

However, since 2011 over 1,100 babies have been identified with a permanent childhood hearing loss and started on appropriate intervention by 6 months of age so ensuring timely diagnosis and optimal management of early hearing loss in infants in Ireland.



Two new conditions to be added to newborn bloodspot screening

The Minister for Health Stephen Donnelly has requested the HSE to commence work on the implementation of newborn screening for two conditions:

- severe combined immunodeficiency (SCID)
- spinal muscular atrophy (SMA)

Recruitment has commenced for the relevant posts and implementation will progress into 2025.

There will be no change to the number of bloodspots required but further information will be circulated as part of the implementation plan in due course.

10 year review of newborn screening programme for cystic fibrosis

The National Newborn Bloodspot Screening Programme has recently completed a 10 year review of the newborn screening programme for cystic fibrosis (CF) that commenced in July 2011.

The newborn screening programme for CF is performing very well, meeting and comparing favourably to the European Cystic Fibrosis Society (ECFS) standards.

Some summary points from the 10 year review:

- 650,809 newborn bloodspot screens were performed over the 10 year review period
- 290 infants were diagnosed with CF
- 533 infants were identified as genetic carriers of CF
- 21 infants were classified as Cystic Fibrosis Screen Positive, Inconclusive Diagnosis (CFSPID)

- The screening programme identified 284 (98%) of the infants diagnosed with CF:
 - ⇒ Six were undetected by the newborn screening programme for CF and presented clinically or following a CF diagnosis in a sibling.
 - ⇒ These undetected cases were due to the presence of mutations not included in the Irish genetic panel or the screening marker (immunoreactive trypsinogen (IRT)) being below the screening cut-off.
- The sensitivity of the CF screening programme was 97.93%, the specificity was 99.9% and the positive predictive value was 0.34. These results exceed the recommended ECFS standards.
- The observed incidence of CF over the 10 year evaluation period was 1 in 1,203 – this is lower than previously reported but Ireland's incidence remains the highest in Europe.
- Lowering the IRT cut-offs increases the risk of false positives and increasing the size of the genetic panel would result in increased detection of carriers or cases with CFSPID.

In conclusion, the Irish NBSCF programme meets and compares favourably to ECFS standards. Ongoing validity monitoring and interrogation of data are vital, will continue through the governance structures and published in the [annual report of the HSE's Children's Screening Programmes](#).



Latest report on work of newborn screening programmes published

The HSE National Children's Screening Service delivers two population level screening programmes for newborn babies:

- the National Newborn Bloodspot Screening Programme, and
- the National Universal Newborn Hearing Screening Programme

The key focus of both screening programmes is early identification of serious medical conditions and appropriate interventions to reduce mortality and/or morbidity in our population.

In November, the HSE National Children's Screening Service published its [annual report for 2023](#). This annual report is a detailed summary of the activity and information regarding these two National Screening Programmes and builds on the report published in October 2023 covering the three years 2020-2022.

Each year approximately 120 babies are diagnosed with rare condition through the National Newborn Bloodspot Screening Programme; and approximately 80 to 90 babies are diagnosed with a permanent childhood hearing loss through the National Universal Newborn Hearing Screening Programme. These babies then enter directly into appropriate clinical care to reduce mortality and/or morbidity and to best enable their health and wellbeing.



mychild.ie

National Community Families Programme launched

October saw the launch by Minister Colm Burke of the national Community Families Programme, a home visiting programme for parents expecting a baby or with a child aged 0 to 3 years. It aims to support and empower parents and provide them with information, signposting and referrals to other supports and linkages with other services.

The new national programme follows a 2019 [National Review of the Community Mothers Programme](#) conducted by the Katharine Howard Foundation (KHF) and the Community Foundation for Ireland (CFI) with the active participation of the HSE and Tusla, Child and Family Agency. The key recommendation was that a standardised national programme model should be developed along with a strategy to ensure the sustainability and future development and governance of the updated programme.

Funding for the updated programme was secured from the Sláintecare Integration Fund and from a private donor to undertake a development project to implement this key recommendation. In parallel, funding was secured from CFI for a CRM system to support service management, oversight, and quality assurance of the programme. The implementation of Community Families is supported by a national oversight and support group with representation from the HSE, Tusla, the National College of Ireland and KHF.

There are seven sites currently transitioning to the Community Families model of home visiting, with plans for expansion to further community health network areas as funding allows. Local delivery is funded by Tusla and/or the HSE that oversee and support quality delivery of services and integration under a service level agreement. The current active sites are Dublin Docklands, Kerry,



Dr Fiona Cianci, Consultant in Public Health Medicine, Child Health Public Health, HSE, **Gráinne Ryan**, National Lead for Public Health Nursing, HSE, **Alice Moore**, HSE Public Health Nurse and Community Families Coordinator for Kerry and **Anne Pardy**, General Manager, Child Health Public Health and co-chair of Community Families national oversight and support group (NOSG) at the launch in the Department of Health in October. See page 20

Laos/Offaly, Limerick, Longford/Westmeath, North Tipperary and South Tipperary. For more information, visit communityfamilies.ie. See photos from the launch on page 20.

The origins of Community Families can be traced back to 1983 with the innovative development in Ireland of the Community Mothers Programme by public health nursing in the Eastern Health Board, adapted from the Childhood Development Programme developed by Dr Walter Barker of Bristol University. At its peak, the Community Mothers Programme was delivered across 17 different communities in Ireland, providing support to 3,500 families each year through home visiting.



New legislation restricting sale of tobacco to under 21s

Legislation that prohibits retailers from selling tobacco products rather than criminalising their purchase or possession by those under 21 is known as Tobacco 21 or T21. T21 is a user-focused legislative measure that aims to reduce or delay the initiation of smoking among young people. Ireland will be the first country in the EU to introduce this measure, continuing our tradition of leadership in tackling smoking rates which began with the ban on indoor smoking in 2004.

In September, the Child Health Public Health team made a submission to a consultation on the Public Health (Tobacco) (Amendment) Bill 2024 which will raise the legal age to buy tobacco products, including cigarettes from 18 to 21 years. It is a welcome move. Tobacco remains the single largest contributor to premature death in Ireland. Almost 6,000 people die each year in Ireland from the effects of smoking and thousands more suffer from smoking-related diseases. Studies show that around 90% of adult smokers have their first cigarette before their 18th birthday. The younger you are when you start smoking, the more likely you are to smoke for longer and to die early from smoking.

Tobacco Free Ireland (TFI) was one of the first policies launched under Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025. This policy aims to protect children and young people from tobacco-related harm and avoid smoking initiation. TFI included a commitment to reduce smoking prevalence to under 5% by 2025. It is clear from current data that this target will not be met unless more ambitious tobacco control measures are implemented.

Smoking remains a notable problem for adolescents. Although rates of childhood smoking have reduced significantly over the last 20 years, recent estimates reveal these declines in child smoking are levelling off. The 2019 European Schools Project for Alcohol and Other Drugs (ESPAD) survey found that the decline in smoking has halted in Irish teens for the first time in 25 years (14%), and rates have significantly increased in boys (16%) while declining slightly to 13.6% in girls. The majority (63%) of students participating in ESPAD 2019 reported starting to smoke at age 14 or 15. Equally, the majority (61%) reported that it was easy to access cigarettes.

The 2018 Health Behaviour in School-aged Children Study (HBSC) found that tobacco experimentation is greatest among the 15-17-year-old group. The Growing up in Ireland Study (GUI) found similar results with an average age of 16 years when participants tried their first cigarette. This study also found that those who started smoking younger tended to become heavier smokers. Those who reported having their first cigarette by 14 years of age, smoked on average 34 cigarettes



The Growing up in Ireland Study (GUI) found an average age of 16 years when participants tried their first cigarette

weekly compared to those who started smoking at 15 years or later smoking an average of 18 cigarettes per week. An increase in age of smoking initiation is significantly associated with lower risk of lifelong smoking, nicotine dependence, as well as respiratory and cardiovascular health effects.

Large inequities in the distribution of smoking and smoking-related harm in our society persist. A publication by the Action on Smoking and Health (ASH) public health charity in the UK reports that smoking is the leading cause of health inequalities in the UK and accounts for half the difference in life expectancy between the richest and poorest in society. In Ireland, the socio-economic gradient in smoking is increasing. In 2015, there was a two-fold difference in smoking between the highest and lowest socio-economic groups (16% versus 29%), but, in 2021 that gap widened to a three-fold difference (11% versus 31%, comparing the highest and lowest socio-economic groups respectively).

These inequities begin at a young age with the GUI survey finding a significant link in terms of family income and adolescents who smoked: those in the lowest income quintile were more likely to currently smoke (daily or occasionally) than those in the highest income quintile (25% versus 18%).

Data from studies in the US demonstrates the effectiveness of T21 legislation in reducing smoking prevalence among young people and children and also in reducing smoking rates in pregnancy with consequent improvements in infant health and wellbeing. Raising the minimum age for the sale of tobacco products to 21 years in Ireland will make youth smoking even less acceptable, will discourage adults and older teenagers from purchasing on behalf of children and ultimately improve the long-term health of our children and young people.



Healthy Weight for Children

In focus

A Healthy Weight for Children initiative was launched in May by **Vanessa Fitzgerald**, General Manager, in Kilbarrack Community Healthcare Network, Dublin North City and County.

She is pictured (second from left) with **Tara Curran**, Health Promotion and Improvement Officer (left), **Sheena Rafferty**, Dietitian Manager (second from right) and **Siobhán Ní Mhurchú**, Child Health Programme Development Officer (right).

The event attracted over 40 attendees from various disciplines including healthcare professionals, local GP, CDNT and community groups. It included the launch of three new local electronic resources, which may be of interest to other areas:

- [Healthy Weight for Children – Healthcare Professional Resource](#)
- [Healthy Habits for Children – Parent/Guardian Resource](#)
- [Key Trainings – Healthcare Professional Resource](#)



Updates to HSE Healthy Weight for Children (HWFC) Action Plan

The refresh of the HSE Healthy Weight for Children (HWFC) Action Plan has been **published**. The 2024-2028 plan is separated into national and local actions.

This action plan has priorities to be delivered locally which aim to:

- ensure we have a child health and primary care workforce with the knowledge to intervene early to support families to better prevent and manage childhood overweight and obesity
- provide supports, resources and training to healthcare professionals so that they can make these supportive interventions
- ensure we provide consistent information, messaging and communications on healthy weight and behaviours to support families to have healthy lifestyles and habits
- work with a range of partners to support a population approach to adopt healthy behaviours including delivery of sustainable, effective, community based healthy lifestyle interventions.

There are local implementation teams in most of the community healthcare areas who will oversee, support and guide the implementation of the action plan locally. Local implementation progress will be reported nationally every six months.

Watch out for local briefings and electronic resources available in your area to support you in your important work in the prevention and early intervention of children with overweight and obesity.

As part of the HWFC Action plan, a pilot programme workshop “Introducing family foods to your baby” commenced in CHO1, 3 and 5 in September and will run until February. This involves designing, developing and testing a community-based weaning workshop, which is delivered by PHNs and registered dietitians.

Another part of this project is enhancing mychild.ie weaning content by creating short weaning videos addressing frequently asked questions on weaning. The first phase of these videos are available [here](#) and on mychild.ie [weaning guides](#).

Recommended HWFC trainings for staff working with children

On HSEland go to Course Catalogues: Clinical Skills/ National Healthy Childhood Training Programme - Welcome & Introduction module will have to be completed first

National Healthy Childhood Training Programme - Welcome and Introduction	Introduction to breastfeeding
Recognising & Managing Food Allergy in the Community	Supporting early breastfeeding
Preconception and pregnancy nutrition	Ongoing breastfeeding supports
Introducing Family Foods	Formula feeding
Feeding related challenges in babies 0-12 months	Growth Monitoring
A Healthy Start for Toddlers	
Healthy Weight for Children	Childhood Obesity Education Module / RCS!





Parental barriers to adopting healthy behaviours for their children

Parents play a key role in influencing childhood behaviour and can instil positive habits in their children by creating a healthy family environment. Recognising this key role parents play in shaping child behaviours, the HSE National Healthy Childhood Programme, Health and Wellbeing Programme and HSE Communications conducted an evidence review to identify parental stressors, priorities for family wellbeing, and obstacles parents encounter when attempting to encourage healthy behaviour in their children.

The high cost of living, relationship problems, housing problems, childcare issues, and worries about their own mental health were some of the things that made life stressful for parents. Priorities for family well-being include healthcare, childcare, education, socio-emotional development and family well-being. Meanwhile, according to parents the main barriers to healthy weight in children were cost, lack of knowledge, and lack of time.

Obstacles to healthy eating included parents' lack of time and other obligations, the price of healthy food, not knowing enough about healthy eating, not understanding what food is healthy due to confusing, conflicting information, not being able to cook, not being able to limit unhealthy foods, and relying on treats as rewards for good behaviour. Other problems included children not understanding the negative effects of "unhealthy" foods, picky eating habits, media advertisements for unhealthy foods, false information from the media and fast food companies, the influence of unhealthy foods at supermarket checkouts, and large portion sizes being considered normal.

Barriers to physical activity included not having enough information on how to be more active, parents who weren't very active themselves, child preferences for sedentary activities, and problems resolving conflicts between siblings, for example when one child liked being active and another preferred being sedentary.

Healthy Weight for Children webinar

The Healthy Weight for Children Webinar took part on June 19th. It focused on the findings from the [Childhood Obesity Surveillance Initiative \(COSI\) round 6](#) and an update on the latest Healthy Weight for Children Action Plan.

The webinar included a panel discussion on how to



Dr Ellen Cosgrave presents the findings at the RCPI Faculty of Public Health Medicine Summer Scientific Conference in May

Other barriers included not having access to appropriate local facilities for exercise, worries about the safety of outdoor play equipment, pollution, traffic, bad street lighting, and unsafe roads. Many parents were worried about child safety, especially when walking to school. Other obstacles included the fact that bad weather and watching television made people less active.

Screen time regulation was challenging as parents had different opinions on whether screens were beneficial for children, parents didn't have enough time to enforce rules, parents used screens a lot themselves, screens were very addictive, children used screens to talk to their friends, bad weather kept children from playing outside, screens were easy to access and everywhere and there was a lack of alternatives play activities.

Barriers to healthy sleep included lack of knowledge about the benefits of sleep, difficulty enforcing bedtimes, child anxiety, prolonged watching television and late bedtimes among other family members.

Barriers to weight communication included discomfort and lack of knowledge about weight, and views that weight does not need to be discussed with children. Most parents wanted advice on the best ways to talk to their children about weight, such as encouraging a healthy body image and good habits, lowering weight criticism, putting more emphasis on health, and dealing with bullying due to weight.

The HSE plans to use these insights to help better support parents and guardians to promote healthy behaviours for their children.

support parents to talk to their children about their health and weight.

The event was co-hosted by Sarah O'Brien, Healthy Eating Active Living Programme Lead, HSE Health & Wellbeing and Dr. Abigail Collins, Clinical Lead for the National Healthy Childhood Programme.

A recording of the session is available to view on the [HSE Health and Wellbeing YouTube channel](#).



Tips to share with parents

*A bright smile begins with strong baby teeth. Here are some facts from **Dr Anne O'Neill** to share with parents to give babies a good start.*

Baby teeth actually start to develop during pregnancy (at around 6 weeks), so how a mother manages her health during pregnancy is really important for baby's developing teeth. By the time they are born, babies have all their developed baby teeth within the bones of the mouth, and are already developing their adult teeth.

Because all babies develop at different rates, so baby teeth appear in the mouth at different ages. The first baby teeth to appear are usually the front centre teeth (around 6 months), the last to arrive are the baby second molars at age 24 to 36 months. Whether your baby is breastfed or bottle fed, you need to start building their tooth cleaning habits early. Early cleaning starts with wiping the baby's gums after feeding with a clean damp soft cloth, moving onto baby toothbrushes as more teeth appear and more foods are added to their diet.

Helping baby develop their oral skills

As a baby develops, they move from relying on breast-feeding or bottle feeding to including foods. Baby teeth like adult teeth can be damaged by foods that are high in sugars, or foods being left around teeth for long periods of time. We no longer consider foods to be good or bad, but some foods are better eaten less frequently. We encourage children to eat a wide range of foods and tastes – offering foods dominated by sweetened taste can result in children refusing foods with other taste profiles, developing a “sweet tooth”.

Food habits and oral health

Many natural foods can be higher in sugar. Natural fruit juices, flavoured milks, yoghurts, fromage frais, dried fruits, and honey can all contain significant levels of sugar. Some savoury foods have hidden sugars that can damage teeth. For example, tomato ketchup, pasta sauces, breakfast cereals, flavoured drinks including flavoured water. By checking the label for sugars, parents can reduce the amount of sugar eaten and can move sugar to meal times.

Plain milk and water are the only drinks recommended between meals. Fruit juices are best enjoyed at meal times in small quantities.

What causes tooth decay?

Tooth decay develops when there are three key ingredients available: tooth surfaces, bacteria which create acid using sugars in the mouth, and available sugar. By keeping sugar at mealtimes, cleaning teeth regularly, and only having milk or water as drinks between meals, we reduce the possibility of tooth damage and tooth decay.

Teeth can decay quickly if sugar is eaten frequently, and teeth are not brushed.

Oral health advice for young babies

Healthy snack options include wholemeal crackers, natural yoghurt, cheese and fresh fruit and vegetables cut into bite-sized pieces.

The [children's food pyramid](#) is always a good guide to foods to give your child.

Moving on to cup drinking

As children develop, they move from using a bottle to drinking from a cup. They move from relying on breast milk/formula milk and include a wider range of drinks in their day. It is important to build good drinking habits and reduce the amount of time that baby teeth are in contact with sugar, which can damage their new teeth.



As they gain better skills, we encourage your baby to drink from a free-flow sippy cup (one with no valve) from 6 months, and then move to an open cup. It takes time for babies to learn to drink from an open cup as they learn how to move from a sucking action (bottle and sippy cup) to a free-flow and then to an open cup. While they are learning, we recommend only milk or water between meals – we do not encourage parents to add sweetened drinks to baby bottles.

It is best to finish feeding before putting your baby to bed, and to clean their teeth before settling them to sleep. Even milk can cause decay if a baby is let sleep with it in its mouth.

Brushing your baby teeth

It is important to both clean baby teeth when they appear as well as your baby developing the habit of tooth brushing. Some parents find it easier to brush their child's teeth when they are facing them, with the child tilted back on a bed/pillows with their chin lifted slightly up. This position is often more comfortable for the child and allows the parent to see the teeth better. Care needs to be taken while the child is tilted back to avoid filling the mouth with water.

We don't recommend using toothpaste for children under 2 years of age (a dentist may prescribe toothpaste use to manage specific dental conditions).



As teeth appear, make sure to brush every surface of each tooth – facing the tongue, facing the cheek, and the flat biting surface. Moving the toothbrush in small gentle circles removes food and debris. Place a finger between the lip and teeth to create space for the toothbrush at the front teeth near the gums.

Teething

Tooth eruption is a normal event but some babies experience a range of symptoms when new teeth are erupting.

These can include:

- red flushed cheeks
- crankiness
- sore gums
- dribbling a lot or chewing fits or toys more than usual

Providing your baby a clean and cold teething ring to chew on can help ease discomfort and help the new tooth to break through the gum into the mouth. Avoid ointments which numb gums unless recommended by your doctor or dentist.

Soothers?

Not all babies need soothers. In some homes, soothers are an important tool in helping babies to settle. Soothers should only be used if baby needs help to settle and we recommend that children stop using them from the age of one year.

Soothers that are in use for long periods of time can stop teeth moving into their correct position. They can also

interrupt speech patterns if they continue to be used as children get older.

Soothers should never be dipped in foods before using. It is best not to place a soother in an adult mouth before giving it to a baby as this transfers oral bacteria.

Advice on how to help your child stop using a soother or thumb sucking is available on mychild.ie.

Visit the dentist

We recommended you take your child to the dentist from a young age, even if they have no difficulties with their teeth. This builds a positive trust relationship between your child and attending the dentist. The easiest way to encourage your child is to bring them with you when you attend, so they watch you and can see what happens at a dentist appointment.

You should regularly check for signs of trouble by checking the colour of your child's teeth, not forgetting to lift the lip to see the smile surface of the top teeth. If you notice any changes, white or brown spots or holes on their teeth, visit the dentist as soon as possible, as early tooth decay can be reversed.

There is excellent information in caring for your child's teeth on www.hse/mychild.ie

Dr Anne O'Neill is the HSE National Oral Health Lead. For further information on any oral health issues contact the oral health office at nationaloral@hse.ie

New video on safe skin-to-skin contact

The National Women and Infants Health Programme (NWIHP), in conjunction with the Rotunda Hospital, have developed a new, evidenced-based, educational video and poster for service-users on safe, skin-to-skin practices.

These health-promotion initiatives will assist in the standardisation of advice being shared with service-users nationally and promote the use of evidence-based, safe, skin-to-skin practices. In turn, this will support maternity hospitals/units in working towards achieving Theme 2 (Effective care and Support) and Standard 2 (Support all mothers and babies to initiate a close relationship after birth) from the National Standards for Infant Feeding.



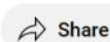
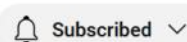
The video was formally launched at the National Midwifery Conference in May by National Lead Midwife Angela Dunne (NWIHP). She extended her gratitude to Marina Cullen, Specialist Midwife in Lactation in the Rotunda Hospital, for all her dedication to this project alongside her colleagues in the Rotunda Hospital.

The poster has been distributed to maternity units and hospitals and there are two videos on the HSE YouTube channel, a long version and a short version.

Long version: <https://youtu.be/7AiF7ld3yAQ>

Short version: <https://youtu.be/3QiWt7esxkE>

Safe Skin to Skin with your Baby after Birth





3 things to know: Updated advice on treating common breastfeeding challenges

Engorgement, blocked or narrowed ducts and mastitis are common issues for breastfeeding mothers. These can sometimes lead them to end breastfeeding sooner than they intended if the right support is not provided at the right time.

New advice for parents on mychild.ie and a factsheet for healthcare professionals published in March provides a standardised evidence-based approach to engorgement, blocked or narrowed ducts and mastitis.

There are changes to advice that may have been given in the past.

Key points include:

1. It is safe to breastfeed your baby when you have mastitis, breast abscess or other infection (unless they are very premature or their immune system is compromised).

In the past, mothers affected by these challenges in the past may have come across advice to 'pump and dump' breast milk – this is not necessary.



2. Avoid high intensity heat if you have engorgement or mastitis

The guidance now is that mothers should choose heat and/or cold depending on what feels most effective and soothing to them. Applying cold packs (ice wrapped in cloth) can be helpful to reduce swelling and relieve pain.

3. Avoid a deep tissue massage if you have engorgement or mastitis

Very gentle breast massage (including arm pits, areas around neck and chest) helps relieve congestion.

Parents can find updated advice on engorgement, blocked or narrowed ducts and mastitis at www.mychild.ie/breastfeeding or by searching for these terms and 'HSE' on their browser.

Did you know?

For every 5 months of breastfeeding, there is a 2% reduction in the risk of developing breast cancer.

The National Cancer Control Programme have an e-learning module on the importance of the incremental benefits of breastfeeding in reducing cancer risk. This is available on hse.ie.

Top mastitis tips for mothers

Continue breastfeeding, you don't have to stop due to mastitis. If this isn't possible, encourage effective milk removal through hand expressing or pumping using a hospital grade pump.

Look after yourself - rest, sleep, pain relief, fluids and food all help.

Remember, your baby won't get an infection from you or your milk.

Seek expert lactation support.



A day in the life

Myra Jordan

Newborn Hearing Screener

Based in the Coombe Hospital, Dublin

6am

I am up early to commute from Swords to the Coombe Hospital, which takes around an hour on weekdays. On weekends, I fly in! It's usually two bus journeys or I sometimes drive.

8am

I work in a team of three per shift and we start our day before 8am doing quality assurance checks on our screening equipment, and then we're off to the post-natal wards to meet with new mums and their babies.

Newborn hearing screening helps check your baby's hearing and identify those who need further testing. The screening process is very simple, and doesn't cause pain or discomfort to the baby. We place a soft-tipped earpiece gently into their ear and play clicking sounds into each ear.

10am

We take a 15 minute break in the canteen for some fruit, toast or porridge – my breakfast time!

10.15am

Then it's back to the wards.

I chat to a new mother who is surprised that her baby does not need to visibly react to the sounds we play into each ear. I explain that the device we use can detect a physical response inside the ear.

Most babies receive clear responses when we check their hearing. Some will need their hearing screening repeated. Those referred to audiology services are seen quickly for diagnostic testing. If a baby is identified as having a hearing loss, they are set on the correct pathway for hearing aids, cochlear implants or referral to speech and language services.

Apart from hearing loss, there are a number of other reasons why we might not get a clear response. For example, if the baby is unsettled, background noise or the baby's ear being wet from the birth.

1pm

I catch up with colleagues over a quick lunch in the canteen. After lunch I upload babies' results to the computer and review the results and produce any appointment letters. We have the best of both worlds – we get our ward time and then admin time.

My background is in customer services, but I always wanted to work in a hospital. It is a privilege to interact with mothers and babies in those first days of life.

Approximately 1 to 2 babies in every 1,000 are born with a hearing loss in one or both ears. Spotting hearing problems soon after birth means babies can access early intervention and support. Being part of the journey in getting an early diagnosis for these babies is rewarding.

4pm

I travel back home to Swords and it's busy with dinner, catching up with my youngest son and a dog to walk. I also swing by my mother's house.

8pm

My husband (we have been married 32 years) and I like to relax by socialising with friends or my older son and his fiancée, who live close by.

The HSE's Newborn Hearing Screening Programme is marking 10 years as a national service. Find more information about the programme [here](#).

A shorter version of the above article was first published in the [Irish Examiner's Working Life section](#) on March 8, 2024.





A day in the life

Emma Reilly
Child Health Programme
Development Officer
Community Healthcare
Organisation 7



Emma is based in the Russell Centre in Tallaght. She is from Dublin and lives in Kildare. She has been in this role for two years.

Before then, she worked as Literacy Coordinator and Antenatal to Three Initiative Coordinator for the Childhood Development Initiative Tallaght, Senior Childcare Services Manager for Cooperative Housing Ireland, Early Childhood Specialist with Early Childhood Ireland, owner/manager of an ECCE service and a CNM 2 in CHI Crumlin.

Emma has also lectured on the BA in Early Childhood Studies in Marino Institute of Education. She studied/trained in Our Lady's Hospital Crumlin and has a BA (Hons) in Early Childhood Teaching (NUIM), Post Grad in Leadership and Management in Not for Profit Organisations (NCI) and an MA (Research) in DCU.

7am

I get up about 7 and eat a high protein breakfast. I am a mother of four boys (only two still at school, 15 and 18) and a dog called Ollie! Mornings are busy with seeing the boys out to school and trying to get the dog for a walk. I have my lunch and snacks prepared from the day before, pop them in my cold pack and head out the door.

My commute to work is usually 40ish minutes by car depending on traffic and I take public transport into town if I have a meeting there.

8am

I arrive at Russell Primary Care Centre and say hello to colleagues in our shared office as I get ready for the day ahead. I review my priorities for the day and factor in any travel for meetings, etc. My office is located right beside the Luas line, so it's really handy for meetings in town.

9am to 1pm

As a Child Health Programme Development Officer, I work with the National Healthy Childhood Programme. This is Ireland's universal programme of clinical care for all children to support them and their parents from birth. A typical day can involve any aspect relating to the programme, such as child health developmental assessments, breastfeeding support for parents, childhood vaccination, newborn and child health screening programmes and information for parents via the mychild.ie website and other resources for parents and professionals.

I work in collaboration with a Child Health Governance Group (CHGG) made up of DPHNs, Heads of Service, Principal Medical Officer, GP Lead for PC, PC General Managers, and representatives from the Allied Health professionals, all of whom deliver different aspects of the programme with their respective teams.

I also engage with the community and voluntary sector who work closely within the community with infants and young children's families. This is to support the connection between the HSE's NHCP and the consistent delivery of messages around child health and wellbeing.

A typical day will be guided by a priorities work plan. This is informed by the various working groups that work towards improving health and well-being outcomes for children. These working groups report to the CHGG quarterly. I have 3 core working groups driving the work in my area. The National Healthy Childhood Working group, Infant Feeding and Healthy Weight for Children Implementation group, Perinatal and Infant Mental Health working groups.

I will answer any urgent emails first and then respond to any calls or messages. For example, a GP practice nurse has phoned who would like to have access to the *My Child* books for her surgery so that she can give the same advice from the books to the parents, when they come in for their checks or immunisations. I follow this up and have some copies sent to her.



CHO 1
Fiola Murphy



CHO 2
Elizabeth (Libby) Lambe



CHO 3
Brenda Mellett



CHO 4
Rachel Knox



CHO 5
Siobhan Sinnott



CHO 9
Siobhán Ní Mhurchú

Emma is one of a number of Child Health Programme Development Officers working across the country.

CHPDOs play a crucial advocacy role in promoting better child health for all children. Their work encompasses some of the following areas:

- ⇒ Breastfeeding
- ⇒ National Healthy Childhood Programme Working Group
- ⇒ Healthy Weight for Children
- ⇒ Immunisation
- ⇒ Infant mental health

I will then work on or review any documents, reports or minutes that require my attention. For example, the Perinatal and Infant Mental Health working group met recently and workshopped the vision for our work moving forward. I am documenting the feedback and summarising it so I can present it back in the group at our next meeting. I am also part of a steering group for Healthy Weight for Children Implementation Plan and I will review the terms of reference for this group and give feedback in advance of a meeting next week.

I will take a 15 minute break around 10:30am in the canteen for some fruit, and Greek yoghurt and I love to get a cup of coffee. Then it's back to the desk.

1pm

For lunch I will usually have a chicken breast with some salad. I also try and get a walk in too if I have the time and try and take the stairs as much as I can (my office is on the 4th floor and always gets the blood pumping!)

2pm to 5pm

After lunch, it's usually back to the office to work on any actions allocated to me from the working groups I am on or head out for meetings with the various working groups or stakeholders in the community. I link in with the Area-based Childhood Programmes and Partnerships in Dublin South, City and West. They provide a variety of services to women and families in the antenatal and perinatal period, from home visiting to baby massage classes. I make sure that they know about the My Child resources and provide them with copies if they need them.

My background is in children's nursing and early childhood education, as far back as I can remember I was always looking after the smaller children on our road, taking them out for walks and playing (even though I wasn't much older myself!). So a career with children was always on the cards. I think it has been a privilege to work in all of the areas I have to date. I want to make sure that I can make a difference in children's lives, and that's what gets me up and out every morning.

5pm onwards

I get in the car and head back home. I will put the dinner on and might have to do a soccer run or afterschool study pick-up.

Then I love to unwind at the gym and go 3 to 4 times a week. My therapy is lifting heavy weights, my goal is to deadlift 100kgs, and I am at 90kgs at the moment so not far out.

I might take the dog out for a walk if I didn't manage to get out in the morning.

I will do a tidy-up and get ready for the following morning and prepare to do it all again.

To wind down before bed I like to read, I am currently reading '10 Minutes 38 Seconds in this Strange World' by Elif Shafak, a beautiful harrowing read.

Lights out at 11!



Events and meetings

Launch of National Breastfeeding Week 2024, 25 September

Thomas Court Primary Care Centre, Dublin 8



TOP: *Front row:* **Aileen Carraig** (Assistant Director, Public Health Nursing) and **Ann Marie Clancy** (Public Health Nurse)

Back row: **Una Fitzsimons** (Assistant Director, Public Health Nursing), **Meena Purushothaman** (National Assistant Breastfeeding Coordinator) and **Margaret Doogan** (Public Health Nurse)



ABOVE: **Laura McHugh** (National Breastfeeding Coordinator), **Meena Purushothaman** (National Assistant Breastfeeding Coordinator) and **Fiona Ward**, Policy Advisor, Nutrition and Obesity, at the Department of Health with copies of the HSE Breastfeeding Action Plan Progress Report

LEFT: **Ana Riascos** and her baby **Max**, who attend the breastfeeding group at Thomas Court, with **Laura McHugh**

Photos: Mark Steadman

**Child Health Programme
Development Officers meeting, 4 March
Dr Steevens' Hospital, Dublin 8**



From left to right: Dr Abigail Collins, National Clinical Lead, Child Health Public Health; Anne Pardy, General Manager, Child Health Public Health, Sarah Hensey, Project Support, Child Health Public Health, with Child Health Programme Development Officers Libby Lambe, Brenda Mellett, Siobhán Sinnott, Rachel Knox, Emma Reilly and Siobhán Ní Mhurchú

**'Latch on' breastfeeding morning,
7 October
Áras an Uachtaráin, Dublin 8**



HSE staff were among the guests at the annual 'Latch on' morning during National Breastfeeding Week hosted by Sabina Higgins (front row, fourth from left)

Launch of national Community Families Programme, 2 October

Department of Health,
Miesian Plaza, Dublin 2



ABOVE: *From left to right:* **Susan Brocklesby**, Project Consultant, Community Families; **Dr Josephine Bleach**, Director of NCI Early Learning Initiative; **Dr Fiona Cianci**, Consultant in Public Health Medicine, HSE Child Health Public Health; **Caroline Sheahan**, National Home Visiting Lead, Tusla; **Rebecca Moore**, National Lead Parenting Support, Tusla; **Cliona Hannon**, CEO, Katharine Howard Foundation; **Amy Mulvihill**, National Manager, PPFs Tusla; **Lara Hynes**, Asst. Secretary, DCEDIY; **Minister Colm Burke**, TD; **Robert Watt**, Secretary General at the Department of Health; **Anne Pardy**, General Manager, HSE Child Health Public Health; **Francis Chance**, Consultant in Children and Family Services; **Siobhan Broderick**, Senior Implementation Specialist, Community Families Programme



RIGHT: *From left to right:* **Anne Pardy**, General Manager, HSE Child Health Public Health; **Helen Deely**, Assistant National Director, HSE Health and Wellbeing; **Jackie Austin**, Director of Public Health Nursing, HSE; **Gráinne Ryan**, National Lead, Public Health Nursing, HSE; **Cathy Geraghty**, Director of Public Health Nursing, HSE; **Mary O'Neill**, Public Health Nurse, HSE, **Siobhán Ní Mhurchú**, HSE Child Health Programme Development Officer and **Brenda Mellett**, HSE Child Health Programme Development Officer



**Child Health Public Health
team meeting, 12 December
HSE Area Offices, Tullamore**

From left to right: Sorcha Nic Mhathúna (Communications Manager), Dr Fiona Cianci (Consultant, Public Health Medicine), Dr Heather Burns (Consultant, Public Health Medicine), Paul Marsden (Programme Manager, Child Health Screening Programmes), Dr Katharine Harkin (Consultant, Public Health Medicine), Laura McHugh (National Breastfeeding Coordinator), Dr Abigail Collins (National Clinical Lead, Child Health Public Health), Meena Purushothaman (National Assistant Breastfeeding Coordinator), Jacinta Egan (Project Support), Sarah Hensey (Project Support), Dr Teresa O'Dowd (Specialist Registrar), Joan O'Kane (Epidemiologist), Mairéad Bracken-Scally (Senior Research Officer), Patricia O'Connor (General Registered Nurse) and Anne Pardy (General Manager)



**National Education Day for
Doctors in Training, 24 May
Royal College of Physicians of
Ireland, Kildare Street, Dublin 2**

The Child Health Public Health team is among the training sites for the RCPI's higher specialist training in public health medicine programme. We are fortunate to have the opportunity to have excellent specialist registrars Dr Ellen Cosgrave, Dr Julianne Harte and Dr Teresa O'Dowd join the team over the past year. In May, (pictured left) **Dr Ellen Cosgrave** presented National Clinical Lead for Child Health Public Health **Dr Abigail Collins** with the Trainer of the Year award at the National Education Day for Doctors in Training event at RCPI. Photo: RCPI



Festive holly-day tips for parents and other family members this Christmas

Taking some things off your 'to do' list, preparing for visits to relatives and trying to keep everyone safe and well can help make Christmas a little easier and more enjoyable for all:

Dealing with ho-ho-no - Children are out of routine being off childcare, pre-school or school, and perhaps spending time away from their home visiting relatives. It can be exhausting to do a lot of visiting around this time of year, especially when you all might prefer cosy home time playing with Santa's presents.

Plan ahead for situations that might be difficult such as long journeys, or large gatherings and how you can prepare for them. Try to factor in some 'down time' for them to relax and do something familiar each day. During long Christmas meals, it's a good idea to give children an opportunity to leave the table if they need to and have some familiar foods available.

'Elf and safety' when visiting other homes - You might be spending time in the homes which are not child-proofed. Supervise your child at all times. Children may be able to access dangerous items in handbags, kitchen cupboards, bathroom cabinets and sheds. For example, poisonous items like medicines, household cleaning products, and alcohol left over in glasses and cans, reed diffusers and essential oils.

Rein in your 'to do' list - Why not take some unnecessary things off the 'to do' or the shopping list and consider more simple activities instead? For example, quiet times at home playing with your child, winter nature walks, easy recipes, drawing pictures, Christmas crafts, board games or attending free community events.

Careful this Kiss-mas - Newborn and premature babies are at particular risk from RSV and other viruses circulating at this time of year. You might feel awkward, but it's a good idea to ask ahead if anyone is unwell with cold or flu symptoms and reschedule if they are. Newborns are adorable and everyone wants Christmas cuddles, but it's okay to ask them to wash their hands first. If someone has a cough or cold, ask them to not kiss or cuddle your baby this time.

Remember too that coming into contact with the cold sore virus (herpes simplex) can be very serious and even fatal for newborn babies.

Gifts on the good list - Parents, loved ones and Santa and his elves can help keep children safe by making sure toys:

- are right for the child's age and developmental stage – be aware that older children may share unsuitable toys with a younger child
- are in good condition as broken toys can be dangerous
- have the CE quality mark – this shows they have met the required safety standard
- are not a choking risk for children aged under 3 – watch out for small objects, particularly round-shaped, that could block your child's airway. For example, marbles, beads, coins, marker caps and bottle tops
- don't have parts that are sharp or detach and break easily – any part that comes loose should be too large for a child to swallow
- don't have magnets – swallowing magnets can cause serious injury
- don't have strings as they are a strangulation risk
- are stored out of the way when not being used so they don't cause trips or falls
- are stored somewhere a child doesn't need to climb to reach

Keep yourself and others safe from viruses – To reduce the risk, encourage children to cough and sneeze into the elbow or a tissue and to keep their hands clean. If you are sick with an infection such as RSV, flu, COVID-19, vomiting or diarrhoea it is important to stay home.

Vaccination is the best protection — Bring your children for their flu vaccine. It is a quick and painless nasal spray vaccine, available free for children aged 2 to 17 from participating GPs and pharmacies. Also, please ensure your child has all their [recommended childhood vaccinations](#) as soon as possible as they are timed specifically to protect children.

And finally... Our last top festive tip is an early bedtime on Christmas Eve, and no peeping! Santa Claus has a special request that all children go to early bed early on Christmas Eve, as he's excited to visit and leave some surprises as soon as everyone is asleep. Wishing everyone a safe, healthy and happy Christmas and new year!



Editorial team

Dr Abigail Collins	National Clinical Lead Child Health Public Health
Dr Ellen Cosgrave	Specialist Registrar, Child Health Public Health
Myra Jordan	Newborn Hearing Screener
Paul Marsden	Programme Manager, Child Health Screening Programmes
Fiola Murphy	Child Health Programme Development Officer
Laura McHugh	National Breastfeeding Coordinator
Sorcha Nic Mhathúna	Communications Manager, Child Health Public Health
Anne Pardy	General Manager, Child Health Public Health
Dr Teresa O'Dowd	Specialist Registrar, Child Health Public Health
Dr Anne O'Neill	National Oral Health Lead
Emma Reilly	Child Health Programme Development Officer

The National Healthy Childhood Programme

☎ 057 93 59895 ✉ healthy.childhood@hse.ie

National Child Health Public Health Programme
HSE Area Office
Arden Road
Tullamore
Co. Offaly
R35 TY28